

April 15, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0601-01-SS  
IRO: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery and Spine Surgery.

Clinical History:

This 22-year-old male began having severe low back pain after an accident on his job on \_\_\_\_\_. Physical examination revealed neurologic weakness of his bilateral EHLs. MRI showed a broad disc bulge at L4-5, causing moderate spinal canal stenosis. This MRI report was not provided in the records presented for review.

The request for selective endoscopic discectomy was denied due to lack of documented neural compression, of neurocompressive pathology by MRI, and that the procedure lacks long-term studies in regards to its efficacy.

Disputed Services:

Selective endoscopic discectomy.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the selective endoscopic discectomy is medically necessary in this case.

Rationale for Decision:

The only documentation provided is of a large central herniated disc at L4-5 with neurological weakness and severe low back pain. This is certainly a consistent clinical presentation of large central herniated discs that can give severe low back pain and neurological weakness with neural compression. The attending physician documents neural compression here. It is appropriate to err on the

fact that there probably is neural compression on the physician's read. If there is no decompression, then the reviewer thinks it is certainly indicated.

Regarding the fact that the procedure lacks long-term studies in regards to its efficacy, endoscopic discectomy is anatomically an equivalent procedure to microdiscectomy, which is an equivalent procedure to open discectomy with a laminotomy. The results with endoscopic discectomy should be compared to microscopic discectomies. A microscopic discectomy is a well-documented technique with efficacy.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on April 15, 2003.

Sincerely,